

**FEE - \$100****\$30 application fee**  
(non-refundable)**\$70 license fee**  
(refundable if  
application is denied)**INTERN FORESTER APPLICATION**DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
Office of Licensing & Registration**BOARD OF LICENSURE OF FORESTERS**

35 STATE HOUSE STATION AUGUSTA, ME 04333-0035

PHONE (207) 624-8521 FAX (207) 624-8637 HEARING IMPAIRED (207) 624-8563

Email – [deborah.a.fales@state.me.us](mailto:deborah.a.fales@state.me.us) WEB – [www.maineprofessionalreg.org](http://www.maineprofessionalreg.org)DO NOT WRITE IN THIS BOX.  
FOR OFFICE USE ONLY

Pmt. \_\_\_\_\_

CK# \_\_\_\_\_

Cash No. \_\_\_\_\_

- TYPE OR PRINT CLEARLY IN INK
- ENCLOSE: **\$100 CHECK OR MONEY ORDER PAYABLE TO TREASURER STATE OF MAINE**  
**CRIMINAL HISTORY RECORDS CHECK FORM WITH SEPARATE CHECK FOR \$8 PAYABLE TO TREASURER STATE OF MAINE**

This application is a public record for the purposes of the Maine Freedom of Access Law, 1 MRSA §401, et. Seq. Public records must be made available to any person upon request. Your application for licensure is a public record and information that you supply as part of the application (other than your social security number) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Your name, license number, and mailing address listed on your application will be available to the public and may be posted on our website.

**METHOD OF APPLICATION (check one)**

- ☐ AS DEGREE FROM AN APPROVED CURRICULUM IN FORESTRY OR FOREST TECHNOLOGY (see 32 MRSA §5514(2) and Rules Chapter 40 Section 1 and 2)
- ☐ BS DEGREE FROM AN APPROVED CURRICULUM IN FORESTRY (see 32 MRSA §5514(2) and Rules Chapter 40 Section 1 and 2)
- ☐ MASTERS OR DOCTORATE DEGREE FROM AN APPROVED CURRICULUM IN FORESTRY (see 32 MRSA §5514(2) and Rules Chapter 40 Section 1 and 2)
- ☐ DEGREE FROM A NON-APPROVED EDUCATIONAL PROGRAM (see 32 MRSA §5514(2) and Rules Chapter 40 Section 3)
- ☐ VARIANCE (see 32 MRSA §5514(2) and Rules Chapter 50. Include supplemental forestry education statement, resume, and letters of recommendation. Attach additional sheets if necessary to describe work responsibilities)

**APPLICANT INFORMATION** (print legibly in ink)FULL LEGAL NAME: \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

AGE \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY # \_\_\_\_/\_\_\_\_/\_\_\_\_

The following statement is made pursuant to the Privacy Act of 1974, §7(B). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1975 (42 U.S.C. §405(C)(2)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. §191.

**CONTACT ADDRESS:** (This address is considered public information and may be released to the public or posted on the internet.)

Street/PO Box \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP (+4) \_\_\_\_\_ - \_\_\_\_\_ PH ( ) \_\_\_\_\_ - \_\_\_\_\_ EMAIL (OPT.) \_\_\_\_\_

**HOME/LEGAL RESIDENCE** (Confidential. If different than contact address, home address will not be released to the public or posted on the internet. Home address is considered public information if it is the same as contact address.)

Street/PO Box \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP (+4) \_\_\_\_\_ - \_\_\_\_\_ PH ( ) \_\_\_\_\_ - \_\_\_\_\_ EMAIL (OPT.) \_\_\_\_\_

**REFERENCES - All applicants must submit the names and complete addresses of three references not related to the applicant demonstrating the applicant's good character to work as an intern forester.**

**REFERENCE ONE** - Read the statement below and provide your name, full mailing address and signature.

I, the undersigned, serving as reference to the applicant's good character to work as an intern forester, hereby swear that I am not related to the applicant. I also attest that the applicant is trustworthy and competent to conduct forestry practices in a manner that safeguards the interests of the public and recommend that the type of license for which application is made be granted.

Reference's Printed Name\_\_\_\_\_

Street/PO Box, City, State, Zip\_\_\_\_\_

Reference's Signature\_\_\_\_\_

**REFERENCE TWO** - Read the statement below and provide your name, full mailing address and signature.

I, the undersigned, serving as reference to the applicant's good character to work as an intern forester, hereby swear that I am not related to the applicant. I also attest that the applicant is trustworthy and competent to conduct forestry practices in a manner that safeguards the interests of the public and recommend that the type of license for which application is made be granted.

Reference's Printed Name\_\_\_\_\_

Street/PO Box, City, State, Zip\_\_\_\_\_

Reference's Signature\_\_\_\_\_

**REFERENCE THREE** - Read the statement below and provide your name, full mailing address and signature.

I, the undersigned, serving as reference to the applicant's good character to work as an intern forester, hereby swear that I am not related to the applicant. I also attest that the applicant is trustworthy and competent to conduct forestry practices in a manner that safeguards the interests of the public and recommend that the type of license for which application is made be granted.

Reference's Printed Name\_\_\_\_\_

Street/PO Box, City, State, Zip\_\_\_\_\_

Reference's Signature\_\_\_\_\_

**SPONSOR** - Please provide your name, complete mailing address, license number and signature.

Sponsor's Printed Name\_\_\_\_\_ License No.\_\_\_\_\_

Street/PO Box, City, State, Zip\_\_\_\_\_

Sponsor's Signature\_\_\_\_\_

## EDUCATION

All applicants must list the names of all institutions of higher education attended, the beginning and ending dates at each institution, graduation dates, and degrees obtained (if applicable). Attach original official transcripts (photocopies will not be accepted). Please refer to the following web address for a list of pre-approved forestry degree programs:

[www.safnet.org](http://www.safnet.org)

NAME OF SCHOOL	DATES ATTENDED (mm/dd/yy to mm/dd/yy)	DATE GRADUATED (if applicable)	DEGREE AWARDED (if applicable)	ACCREDITED? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever had any type of forester or other professional license suspended or revoked in Maine or in any other state? ☐ Yes ☐ No

### CRIMINAL BACKGROUND DISCLOSURE

Have you ever been convicted of a crime by any court, other than minor traffic violations? ☐ YES ☐ NO

If YES, provide a written statement on a separate sheet that includes the date of the offense and a detailed description of the circumstances surrounding the conviction. Submit the statement and a copy of the court judgment(s) with this application.

## APPLICANT'S SWORN STATEMENT AND SIGNATURE

**APPLICANT:** Read statement below and sign where indicated in the presence of a notary public as your testament to the information provided on this application.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and that I am aware of and do possess all personal qualifications necessary for licensure as prescribed by 32 M.R.S.A. Chapter 76.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### NOTARY

The above named \_\_\_\_\_ personally appeared before me and being duly  
*Applicant's Printed Name*

Sworn according to law deposes and says that the information above set forth is true to the best of his/her knowledge and belief and that the application is made for the purpose of inducing the issuance of the license requested.

Sworn and subscribed to before me at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Signature \_\_\_\_\_

Term of Commission \_\_\_\_\_

## RESPONSIBILITIES OF INTERN FORESTERS (see Rules Chapter 60, Section 1)

**Nature of Work Experience** - During an internship the intern forester shall acquire experience in the following four subject areas that constitute the profession of forestry. Each of the four subject areas must ordinarily account for no less than 10% of the intern forester's work experience during the internship. However, the Board may specify percentages of work experience to be earned in the four subject areas based on the intern's prior work experience and any supplemental forestry education.

- Forest Biology – including but not limited to tree growth, species identification, forest ecology, wildlife and fish ecology and habitat manipulation, tree disease and insect problems, silviculture, soils and water relationships, and fire ecology.
- Forest Resources Measurement – including but not limited to basic surveying, area determination, sample design and analysis, measurements of trees and forest products, and photo interpretation and mapping.
- Forest Resource Management and Harvesting – including but not limited to multiple-use principles, road design and construction, harvest layout, harvesting methods, environmental protection, marketing and utilization standards, stand analysis and prescriptions, forest and wildlife habitat management, recreation management, urban forestry, fire, insect and disease protection, and financial management.
- Forest Resource Policy and Administration – including but not limited to state environmental and forest practice laws, boundary and trespass laws, contract and sale administration, forest taxation, and forest economics.

**Full-time equivalency** - The forestry internship is expected to be a full-time experience. Part-time experience is acceptable, but must accumulate to the full-time equivalent of the 48-month or 24-month internship required by 32 MRSA §5515(3)(A) or (B), as the case may be.

**Log** - The intern forester shall maintain a log during the course of the internship. The log shall record the dates, employer, location, duties and subject area with respect to each assignment performed by the intern forester. The intern forester shall produce the log to the Board for inspection at any time. **NOTE: DO NOT SEND THE LOG WITH THIS APPLICATION.**

#### **RESPONSIBILITIES OF SPONSORS (see Rules Chapter 60, Section 2)**

**Guidance** - All forestry work performed by an intern forester must be performed under the guidance of a forester who has agreed to sponsor the intern forester. Such guidance need not be day-to-day, direct personal supervision. However, the sponsor must have sufficiently detailed, current knowledge of the intern forester's work to enable the sponsor to:

- Adequately evaluate the intern forester's performance on an ongoing basis; and
- Submit the reference at the conclusion of the internship required by 32 MRSA §5515(4).

**Report to board** - The sponsor need not ordinarily report to the Board prior to the completion of the internship. However, the sponsor shall report to the Board on the progress and performance of the forestry intern if, at any time prior to completion of the internship—

- In the opinion of the sponsor, the quality of the intern forester's work or any other factor may, if not corrected, prevent the sponsor from submitting a favorable recommendation to the Board upon the conclusion of the internship;
- The intern forester changes sponsors, has a change in internship status or terminates the internship; or
- The sponsor resigns as sponsor.

**Replacement sponsor** - If a forester ceases to serve as sponsor without arranging for a replacement, an intern forester working under the guidance of that forester must arrange for a replacement within 30 days of the sponsor's resignation or unavailability. No work performed by an intern forester after 30 days following the resignation or unavailability of the sponsor will be recognized as part of the internship unless and until a replacement sponsor is obtained. The intern must immediately notify the board of the name and address of the replacement sponsor.

Notwithstanding anything in this subsection to the contrary, the intern forester may not endorse plans, maps and reports unless the document has been actually reviewed by the sponsor of the intern forester prior to endorsement.



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
BOARD OF LICENSURE OF FORESTERS  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

JOHN ELIAS BALDACCI  
GOVERNOR

ANNE L. HEAD  
DIRECTOR

**FEE: \$15**

(You may pay with **one** check that includes both the license fee **and** the criminal records check fee.)

## CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

Complete the box below and return this form with your license application and fee made payable to Treasurer, State of Maine.

### PRINT IN INK ONLY

Name: \_\_\_\_\_  
Last First Middle

Complete Mailing Address: Street/P O Box \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Social Security/Federal I.D. #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

All other names used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



PRINTED ON RECYCLED PAPER

(207) 624-8563 (HEARING IMPAIRED)

PHONE: (207)624-8521 OFFICE PHONE

FAX: (207)624-8637

OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER, MAINE